

Pricing Schedule		AHCCCS Arizona Health Care Cost Containment System 701 East Jefferson, MD 5700 Phoenix, Arizona 85034
SOLICITATION NO.: YH06-0011		

- 7.4 **Offerors shall provide proposed rates for the following types of review in the format identified below:** The proposed rates shall be considered "all-inclusive," and the successful Contractor will not be reimbursed for any other costs associated with the resultant contract services (except for "Travel Reimbursement.").

Whether the Total Composite Rate Per Case or the Hourly Rates will apply for a service will be determined by AHCCCS when the services are requested.

Arizona-licensed Registered Nurses and Physicians will be utilized. AHCCCS requires the following : a Medical Director who is an Arizona-licensed physician; Medical Management Coordinators must be Arizona-licensed Registered Nurses, Physicians, or Physician's Assistants; Prior Auth staff who authorize health care must function under the direction of an Arizona-licensed Registered Nurse, Physician, or Physician's Assistant. Concurrent Review staff must be Arizona-licensed Registered Nurses, Physicians, or Physician's Assistants.

AHCCCS is unable to provide historical costs for time attributed separately to physicians and RNs for each type of review; however, proposed composite rates should reflect industry norms or the Offeror's own experience.

7.4.1 Total Composite Rate Per Case

7.4.1.1 Preprocedure, & Preadmission Reviews:

\$_____ Total Rate Per Case, Telephonic

7.4.1.2 Continued Stay Review:

\$_____ Total Rate Per Case, Telephonic*

\$_____ Total Rate Per Case, On-site*

*Pricing shall consist of one fixed rate to include the initial review, and all subsequent re-reviews, until the patient no longer requires interrupted acute or sub-acute care.

7.4.1.3 Retrospective Review:

\$_____ Total Rate Per Case, Telephonic

\$_____ Total Rate Per Case, On-site

7.4.1.4 Reinsurance Review:

\$_____ Total Rate Per Case, On-site

7.4.1.5 Focused Review:

\$_____ Total Rate Per Case, On-site

Pricing Schedule		AHCCCS Arizona Health Care Cost Containment System 701 East Jefferson, MD 5700 Phoenix, Arizona 85034
SOLICITATION NO.: YH06-0011		

7.4.2 Hourly Review Rates:

7.4.2.1 Preadmission Reviews, Admission Reviews, Continued Stay Reviews, Retrospective Reviews, or Focused Reviews:

Physician	\$ _____	Total Rate Per Hour, Telephonic
R.N.	\$ _____	Total Rate Per Hour, Telephonic
Physician	\$ _____	Total Rate Per Hour, On-site
R.N.	\$ _____	Total Rate Per Hour, On-site

7.4.2.2 Reinsurance Review:

Physician	\$ _____	Total Rate Per Hour, On-site
R.N.	\$ _____	Total Rate Per Hour, On-site

7.4.2.3 Consulting Services:

Physician	\$ _____	Total Rate Per Hour
R.N.	\$ _____	Total Rate Per Hour

7.4.2.4 Grievance Support:

Physician	\$ _____	Total Rate Per Hour, Telephonic
R.N.	\$ _____	Total Rate Per Hour, Telephonic
Physician	\$ _____	Total Rate Per Hour, On-site
R.N.	\$ _____	Total Rate Per Hour, On-site

7.4.2.5 Appearances (e.g., hearings):

Physician	\$ _____	Total Rate Per Hour, Telephonic
R.N.	\$ _____	Total Rate Per Hour, Telephonic
Physician	\$ _____	Total Rate Per Hour, On-site
R.N.	\$ _____	Total Rate Per Hour, On-site

8. **PRICE JUSTIFICATION:** As an attachment to this Pricing Schedule, the Offeror should provide justification for the prices given. For example, in the justification, Offeror must clearly state whether any start-up and non-recurring costs are included or excluded from the proposed rates.